

## CALCIUM CHANNEL BLOCKERS - DIHYDROPYRIDINES PA SUMMARY

<b>PREFERRED</b>	felodipine, Isradipine, nifedipine, nicardipine HCL, and all other generic products (all dosage forms), Dynacirc/Dynacirc CR, Norvasc, Sular, Afeditab CR, Nifediac CC, Nifedical XL.
<b>NON-PREFERRED</b>	All branded products with generics available, Cardene SR.

**LENGTH OF AUTHORIZATION:** 1 Year

**PA CRITERIA:**

- ❖ Claims history reviewed for the use of 2 preferred agents within the last 6 months.
- ❖ If no preferred agents in profile, physician should submit documentation of allergies, contraindications, drug-to-drug interactions, or history of intolerable side effects to the preferred products.

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Express Scripts at 1-877-650-9340**.

**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process please click [here](#).

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the current Quantity Level Limit please select Pharmacy Services from the manuals listed [at this link](#).